FORM D

UNITED STATES

CURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR UNIFORM LIMITED OFFERING EXEMPTION

ON	1B APPR	OVAL
OMB NUM Expires: Estimated a hours per re	A verage bi	
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Prefix		Serial
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Dai	e Receive	ed
4		1
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Name of Offering (☐ check if this Offering of Fund Units in Axiom Glob	is an amendment and name al Equity Fund	e has changed, and	indicate change.	)		
Filing Under (Check box(es) that apply Type of Filing:   New Filing	'): ☐ Rule 504 ☐ I ☐ Amendment	Rule 505 ⊠ Ru	le 506 □ S	ection 4(6)	□ ULOE /	ECEIVED
	A. BASIC I	DENTIFICATIO	N DATA		p <sup>e</sup> ,	
1. Enter the information requested abo	ut the issuer					MUN E & d
Name of Issuer (☐ Check if this is a Axiom Investors Trust II – Axiom Glob		as changed, and inc	licate change.)		· N	W.
Address of Executive Offices c/o Axiom International Investors LLC	,	and Street, City, State eenwich, CT 0683	· · · · ·	Telephone N (203) 422-8		ng Area-Goden 5
Address of Principal Business Operatio (if different from Executive Offices)	ons (Number a	and Street, City, Sta	ite, Zip Code)	Telephone N	lumber (Includi	ng Area Côde)
Brief Description of Business				%EID)		
To conduct investment activities prima	rily with non-domestic co	mpanies.	NGV 2121	105		
Type of Business Organization  ☐ corporation	□ limited partnershi	p, already formed	THOMSON FINANC <b>S</b> KO	ther (please sp		o series of estors Trust II, statutory trust
□ business trust	☐ limited partnershi	p, to be formed				
Actual or Estimated Date of Incorporat Jurisdiction of Incorporation or Organi	zation: (Enter two-letter U	J.S. Postal Service	0 5 abbreviation for 5	] ⊠ Acti	ual 🗆 Estir	nated

## **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☐ Beneficial Owner □ Executive Officer ☐ Director Manager Full Name (Last name first, if individual) Axiom International Investors LLC Business or Residence Address (Number and Street, City, State, Zip Code) 55 Railroad Avenue, Greenwich, CT 06830 Check Box(es) that Apply: □ Promoter □ Beneficial Owner □ Executive Officer ☑ Director (1) ☐ General and/or Managing Partner Full Name (Last name first, if individual) The Northern Trust Company Business or Residence Address (Number and Street, City, State, Zip Code) 50 South LaSalle Street, Chicago, IL 60675 Check Box(es) that Apply: ☐ Beneficial Owner □ Executive Officer ☑ Director (2) ☐ General and/or ☐ Promoter Managing Partner Full Name (Last name first, if individual) Wilmington Trust Company Business or Residence Address (Number and Street, City, State, Zip Code) 1100 North Market Street, Wilmington, DE 19890 Check Box(es) that Apply: ■ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or ☐ Promoter Managing Partner Full Name (Last name first, if individual) Northfield Mount Hermon School Business or Residence Address (Number and Street, City, State, Zip Code) 206 Main Street, Northfield, MA 01360-1089 Check Box(es) that Apply: ☑ Promoter □ Beneficial Owner □ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Axiom Investors Trust II Business or Residence Address (Number and Street, City, State, Zip Code) c/o Axiom International Investors LLC, 55 Railraod Avenue, Greenwich, CT 06830 Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or □ Promoter

(1) Custodial Trustee of Delaware statutory trust

Full Name (Last name first, if individual)

Business or Residence Address

(2) Delaware Trustee of Delaware statutory trust

Managing Partner

(Number and Street, City, State, Zip Code)

·			<del></del>	B. INF	ORMATIC	ON ABOU	r offeri	NG				
												No
1. Has the is	suer sold, c	or does the i	ssuer inten	i to sell, to	non accredi	ited investo	rs in this of	fering?	,,,,,			⊠
			Ans	wer also in	Appendix,	Column 2,	if filing un	der ULOE.				
2. What is th	e minimun	ı investmen	t that will b	e accepted	from any ir	ndividual?					\$	*
* Subject to	the discreti	on of the Is	suer.								Yes	No
3. Does the o	offering per	mit joint ov	vnership of	a single un	it?						Ø	
4. Enter the remuneration agent of a bropersons to be Full Name (L	for solicita oker or deal listed are a	ation of pur er registere associated p	chasers in c d with the S ersons of si	onnection v SEC and/or	with sales o with a state	f securities or states, I	in the offer ist the name	ing. If a pe e of the bro	rson to be l ker or deale	isted is an er. If more	associate than five	d person or
Business or F	Residence A	Address (Nu	mber and S	street, City,	State, Zip (	Code)		·			<u> </u>	
Name of Asse	ociated Bro	ker or Deal	er							<del>- ,</del> -		
States in Whi		Listed Has : or check ind			Solicit Purc			<del></del>				All States
(AL)	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[נאז]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	(SC)	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	(WY)	[PR]
Business or R				treet, City,	State, Zip (	Code)						
Name of Asso	ciated Bro	ker or Dear	ег									
States in Whi												A II. C
(Check .	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	 [HI]	All States [ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	נואן	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L											<del></del>	
Business or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Name of Asso	ociated Bro	ker or Deal	er									
States in Whi					Solicit Purc	hasers		<del></del>				
		r check ind										All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[N1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	(UT)	[VT]	[VA]	(WA)	(WV)	(WI)	[WY]	(PR)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		nount Already Sold
	Debt	\$		\$
	Equity	\$		\$
	□ Common □ Preferred			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests			\$
	Other (Specify) <u>Fund Units</u>	\$_30,000,000	,000	\$7,501,000
	Total			
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	2		\$ <u>7,501,000</u>
	Non-accredited Investors			\$
	T . 1 (2 G)			
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 4, if filing under ULOE.		•	
3.	If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		N/A	
	Type of offering	Type of Security		Dollar Amount Sold
	Rule 505			\$
	Regulation A		:	S
	Rule 504		:	S
	Total		;	\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees		_ :	S
	Printing and Engraving Costs		J :	S
	Legal Fees		⊠ 5	\$50,000
	Accounting Fees			5
	Engineering Fees			5
	Sales Commissions (specify finders' fees separately)			\$
	Other Expenses (identify) Blue Sky filing fees		⊠ :	§ 900
	Total		⊠ :	\$50,900

								OCEEDS

	I and total expenses furnished in response	e offering price given in response to Part C - Question to Part C - Question 4.a. This difference is the			:	\$ <u>29,99</u> 9	,949,100
	used for each of the purposes shown. If the a estimate and check the box to the left of the a	oss proceeds to the issuer used or proposed to be unount for any purpose is not known, furnish an stimate. The total of the payments listed must equal orth in response to Part C - Question 4.b above.					
	μ			Payments to Officers, Directors, & Affiliates	]	Payments To Others	
	Salaries and fees			\$		\$	
	Purchase of real estate			\$		\$	
	Purchase, rental or leasing and installation	n of machinery and equipment		\$		\$	
	Construction or leasing of plant building	s and facilities		\$		\$	
	Acquisition of other businesses (includin offering that may be used in exchange for issuer pursuant to a merger)		п	\$	-	\$	
	1 0 /			\$			
	• •			\$			
	· ·	stment in securities through		\$			949.100
		ty Fund portfolio series of	_	<del></del>	~	**********	3437100
	-			\$	П	\$	
	-			\$			949.100
			_	-	Λ.		313,100
	Total Payments Listed (Column totals ac	ded)		<b>IX</b> \$.2	29,	999,949,	100
_		D. FEDERAL SIGNATURE	1 V T	<del></del>			•
	following signature constitutes an undertaking	led by the undersigned duly authorized person. If this noting by the issuer to furnish to the U.S. Securities and Excha ssuer to any non-accredited investor pursuant to paragraph	ice is nge C	filed under Rule Commission, up	e 50: on w	5, the rritten request	•
Iss	suer (Print or Type)	Signature		Date			<del>-</del>
	ciom Investors Trust II – Axiom Global quity Fund	Neruse Zamon		11/8/	05	5	
Na	ame of Signer (Print or Type)	Title of Signer (Print or Type)					-
De	enise Zambardi	Controller of Axiom International Investors LLC, In	vestn	nent Manger o	f the	e Issuer	_
							_

ATTENTION ----

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)